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MAR 8 2005

**CONFIDENTIAL  
FACSIMILE TRANSMITTAL SHEET****DATE SENT:** March 8, 2005**DELIVER TO:**Name: Examiner Carolyn Fatimah FlearyCompany: USPTO, GAU 2152Phone No: (703) 305-4792Fax No: (703) 872-9306**FROM:** Jaclyn A. Schade**RE:** USSN 09/928,347

**THERE WILL BE A TOTAL OF 22 PAGE(S) INCLUDING THIS COVER SHEET.  
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- Transmittal Form
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PTO/98/21/CS-04

Approved for use through 07/31/2006. OMB 2055-0031  
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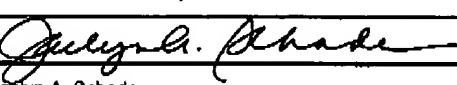
Total Number of Pages in This Submission

21

Attorney Docket Number

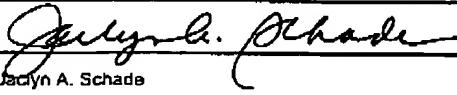
ARC920010018US1

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communications to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm Name	Lacasse & Associates, LLC
Signature	
Printed name	Jaclyn A. Schade
Date	03/08/2005
	Reg. No. 50,589

## CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature	
Typed or printed name	Jaclyn A. Schade
Date	03/08/2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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ARC92C010013CS1  
09020,317

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Pestoni et al.

Serial No.: 09/928,347

Group Art Unit: 2152

Filed: 8/14/2001

Examiner: Carolyn F. Fleary

Title: *Collaborative Content Programming*AMENDMENTRECEIVED  
CENTRAL FAX CENTERMS Non-Fee Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

MAR 08 2005

Sir:

In response to the outstanding office action of 12/8/2004, please amend the above-identified application as follows: